


RETURN COMPLETED FORM TO: DEPARTMENT OF THE INTERIOR AVIATION MANAGEMENT 300 E. MALLARD DRIVE, SUITE 200 BOISE, IDAHO 83706-3991 Fax 208-433-5030 - Questions, call 208-433-5026				EVALUATION REPORT ON CONTRACTOR PERFORMANCE					
				SOURCE SELECTION INFORMATION NOT FOR PUBLIC RELEASE (see FAR 3.104 & 42.1503)					
BUREAU/USER				CONTRACT NO.					
ADDRESS				CONTRACTOR					
CITY/STATE/ZIP				CONTRACT PERIOD					
CONTRACT COR				WORK LOCATION					
CONTRACT SERVICE DESCRIPTION <input type="checkbox"/> AIRPLANE <input type="checkbox"/> SEAT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> AIR TANKER <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER -specify: _____									
PRIMARY MISSION(S) <input type="checkbox"/> FIRE MANAGEMENT <input type="checkbox"/> RESOURCE <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> OTHER -specify: _____									
INSTRUCTIONS If you have excel, this form may be filled in on the computer or a blank form can be printed and filled in by hand. Use the mouse to navigate. To check or uncheck a box, left 'click' the box. Comment boxes are formatted to automatically wrap the entered text. Check the box that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate either very high or very low ratings. If additional space is needed, use page 2 of the form or attach additional page(s). N/A means not applicable <i>A copy of this report may be used in future evaluations of the Contractor's past performance and is provided to the Contractor (without your identity)</i>									
1. Was the Contractor capable, efficient and effective in supporting the programs of this contract									
Support provided was very inefficient, not effective, not capable	N/A	1	2	3	4	5	6	7	Support provided was extremely capable efficient and effective
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did the Contractor's performance conform to the terms and conditions of the contract									
Performance did not conform to contract terms and conditions	N/A	1	2	3	4	5	6	7	Performance conformed to contract terms and conditions
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were the Contractor and on-site representatives professional, reasonable and cooperative during performance									
Not professional, not reasonable, and not cooperative	N/A	1	2	3	4	5	6	7	Very professional, very reasonable, and very cooperative
Comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


4. Were the Contractor and on-site representatives committed to customer satisfaction

Not committed to customer satisfaction	N/A	1	2	3	4	5	6	7	Very committed to customer satisfaction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments 


5. Contractor and on-site representatives attitude and efforts, as well as actual application, towards aircraft safety

Safety compromised in both orientation and actions	N/A	1	2	3	4	5	6	7	Extremely safety oriented and actions demonstrated same
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments 

6. If given the opportunity, would you hire this Contractor again to accomplish a similar project

Definitely not	N/A	1	2	3	4	5	6	7	Definitely yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments 

Additional comments to support your response to any item above or other items (include additional page if needed)

COR Comments (insert below):

Name and Title of Individual
Completing this Form

Signature

Telephone Number

Date